

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: MEDICAL TREATMENT SYSTEM BY
SUBSTITUTING NATIVE BIOLOGICAL
REGULATORY FUNCTION; CARDIAC PACING
SYSTEM, BLOOD PRESSURE REGULATING
SYSTEM, AND CARDIAC DISEASE
TREATMENT SYSTEM BASED ON THE
MEDICAL TREATMENT SYSTEM

Attorney Docket Number:: KUP-5

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Correspondence Information

Correspondence Customer Number:: 020808
Phone Number:: 607-256-2000
Fax Number:: 607-256-3628
E-Mail address:: docket@bpmlegal.com

Representative Information

Representative Customer Number:: 020808

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date:

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Japan as Represented by President of National Cardiovascular Center
Street of mailing address::	7-1, Fujishirodai 5-chome, Suita-shi
City of mailing address::	Osaka
State or Province of mailing address::	
Country of mailing address::	JAPAN
Postal or Zip Code of mailing address::	565-8565

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Kenji
Middle Name::	
Family Name::	Sunagawa
Name Suffix::	
City of Residence::	Fukuoka
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	15-29, Susenji 2-chome Nishi-ku, Fukuoka-shi
City of mailing address::	Fukuoka
State or Province of mailing Address::	
Country of mailing address::	Japan
Postal or Zip Code of mailing Address::	819-0373

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Masaru
Middle Name::	
Family Name::	Sugimachi
Name Suffix::	
City of Residence::	Osaka
State or Province of Residence::	
Country of Residence::	JAPAN
Street of mailing address::	A-503, 7-1, Fujishirodai 5-chome, Suita-shi
City of mailing address::	Osaka
State or Province of mailing Address::	
Country of mailing address::	Japan
Postal or Zip Code of mailing Address::	565-8565

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Takayuki
Middle Name::	
Family Name::	Sato
Name Suffix::	
City of Residence::	Kochi
State or Province of Residence::	
Country of Residence::	Japan
Street of mailing address::	587-75, A-306, Kamohara Okou-cho, Nangoku-shi
City of mailing address::	Kochi
State or Province of mailing Address::	
Country of mailing address::	Japan
Postal or Zip Code of mailing Address::	783-0042